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CENTRAL FAX CENTER****FAX TRANSMISSION****AUG 07 2006****DATE:** August 7, 2006**PTO IDENTIFIER:** Application Number 10/722,478-Conf. #8017  
Patent Number**Inventor:** Thomas M. Moy et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP  
Donald K. Drummond, Ph.D.**PHONE:** (202) 331-7111**Attorney Dkt. #:** 20435-00144-US1**PAGES (Including Cover Sheet):** 5**CONTENTS:** Fee Transmittal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination Transmittal (1 page)  
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Certificate of Transmission (1 page)

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CENTRAL FAX CENTER

NO. 4966

P. 2

AUG 07 2006

PTO/SB/97 (08-04)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/722,478

Attorney Docket No.: 20435-00144-US1

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Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

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PTO/SB/17 (01-06)

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>													
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/722,478-Conf. #8017</td> </tr> <tr> <td>Filing Date</td> <td>November 28, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Thomas M. Moy</td> </tr> <tr> <td>Examiner Name</td> <td>S. L. McClendon</td> </tr> <tr> <td>Art Unit</td> <td>1711</td> </tr> <tr> <td>Attorney Docket No.</td> <td>20435-00144-US1</td> </tr> </table>		Application Number	10/722,478-Conf. #8017	Filing Date	November 28, 2003	First Named Inventor	Thomas M. Moy	Examiner Name	S. L. McClendon	Art Unit	1711	Attorney Docket No.	20435-00144-US1
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Attorney Docket No.	20435-00144-US1														
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,810.00		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">         RECEIVED          CENTRAL FAX CENTER          AUG 07 2006       </div>													

  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

  

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																				
	FILING FEES		SEARCH FEES		EXAMINATION FEES															
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>													
Utility	300	150	500	250	200	100														
Design	200	100	100	50	130	65														
Plant	200	100	300	150	160	80														
Reissue	300	150	500	250	600	300														
Provisional	200	100	0	0	0	0														
							<u>Small Entity Fee (\$)</u>													
							<u>Fee (\$)</u>													
<b>2. EXCESS CLAIM FEES</b> Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims							50 200 360													
							25 100 180													
<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;"><u>Total Claims</u></td> <td style="text-align: right;"><u>Extra Claims</u></td> <td style="text-align: right;"><u>Fee (\$)</u></td> <td style="text-align: right;"><u>Fees Paid (\$)</u></td> </tr> <tr> <td style="text-align: right;">38</td> <td style="text-align: right;">- 35 =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">=</td> </tr> </table> HP = highest number of total claims paid for, if greater than 20.							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	38	- 35 =	x	=	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;"><u>Multiple Dependent Claims Fee (\$)</u></td> <td style="text-align: right;"><u>Fees Paid (\$)</u></td> </tr> <tr> <td style="text-align: right;"> </td> <td style="text-align: right;"> </td> </tr> </table>		<u>Multiple Dependent Claims Fee (\$)</u>	<u>Fees Paid (\$)</u>		
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<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;"><u>Indep. Claims</u></td> <td style="text-align: right;"><u>Extra Claims</u></td> <td style="text-align: right;"><u>Fee (\$)</u></td> <td style="text-align: right;"><u>Fees Paid (\$)</u></td> </tr> <tr> <td style="text-align: right;">5</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">=</td> </tr> </table> HP = highest number of independent claims paid for, if greater than 3.							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	5	- 3 =	x	=						
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5	- 3 =	x	=																	

  

<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>
	- 100 =	/ 50	(round up to a whole number) x
			<u>Fees Paid (\$)</u>

  

<b>4. OTHER FEE(\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)	1,020.00
Other (e.g., late filing surcharge): 1253 Extension for response within third month	790.00
1801 Request for continued examination (RCE) (see 37 ...)	

  

<b>SUBMITTED BY</b>		<b>Registration No.</b>	<b>Telephone</b>
Signature		52,834	(202) 331-7111
Name (Print/Type)	Donald K. Drummond, Ph.D.	Date	August 7, 2006